MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/525914

APPLICANT(S)

FILING DATE

CI	. 🛦	Th	AS

	AS FILED		AF 1 AME	AFTER		AFTER		IS	AS FILED		AFTER		AFTER	
	IND.	DEP.	IND.	DEP.	, IND.	DEP.			IND.	DEP.	IND.	DEP.	2 AME	NDMENT
1 2							1	51		DDI.	HVD.	DEP.	IND.	DEP.
3				I/			i .	52						
4				 /		·		53						
5		4		 				54	<u> </u>					
6		if	-	 / 	· · ·			55	<u> </u>					
7		4.		/				56 57	 					
8		U.		7				58				·	<u> </u>	
9		·						59		-				
10								60						·
11 12			/-				/	61						
13			/	i-				62						
14			-					63						
15								64 .						
16		-				>	•	65	<u> </u>					
17								66						
18								68						
19								69						
20					·			70						· ·
21 22		<u></u>					· I	71						
23	 			_ ' -			-	72						··
24			 -					-73						
25								.74						
26								75						
27		· ·		-			F	76 77						
28		•				:	ŀ	78		,,				
29							ŧ	79						
30							Ī	80						
31								81						
32 33								82	·					···
34								83						
35							- 1	84						
36							- 1	85						
37							. F	86 87						
38				·	-		ŀ	88						
39				-			F	89						
40							ļ.	90						
41							<u>L</u>	91				 -		
42							. [92			•			
43								93	· ·					
45					-		1	94						
46							L	95						
47								96 97						
48							-	98		 -				
49								99						
50								100						
TOTAL IND.	·	4	3	4		#	F	OTAL IND.		4		#		4
TOTAL DEP			13	=	•	=	- 1	OTAL DEP.		6		4=		-
CLAIMS		100	10	W.S.	·	\$ Z.		TOTAL CLAIMS	·			Street 1		
PTO-1360 (R	EV. 11/04)								U Pa	S. DEPARTA	IENT of COA demark Office	MERCE	Bu	RF